Complete Summary

TITLE

Asthma: percentage of pediatric patients admitted for asthma who received systemic corticosteroids.

SOURCE(S)

Child Health Corporation of America. [Web site]. Shawnee Mission (KS): Child Health Corporation of America (CHCA); [cited 2004 Dec 06]. [various].

Child Health Corporation of America. Measure definition workseet: asthma. Shawnee Mission (KS): Child Health Corporation of America; 2004 May 20. 6 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure assesses the percentage of pediatric patients admitted for asthma who received systemic corticosteroids.

RATIONALE

Undertreatment and/or inappropriate treatment of asthma are recognized as major contributors to asthma morbidity and mortality. Asthma is a leading cause of inpatient admission. Administration of appropriate medication therapy during the inpatient hospitalization is under the direct control of the care provider.

PRIMARY CLINICAL COMPONENT

Asthma; systemic corticosteroids medications

DENOMINATOR DESCRIPTION

Pediatric patients, age 0 to 17 years, admitted for asthma*

*International Classification of Diseases, Ninth Revision (ICD-9) code of 493.xx

NUMERATOR DESCRIPTION

Number of patients from the denominator who received systemic corticosteroid medications (Refer to the original measure documentation for additional details.)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

 A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

• Expert Panel Report: guidelines for the diagnosis and management of asthma. Update on selected topics.

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Throop C. (Child Health Corporation of America, Shawnee Mission, Kansas). Memo: CHCA measures validity and reliability testing. 2004 July 6. 1 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Collaborative inter-organizational quality improvement Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Hospitals

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age 0 to 17 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Pediatric patients, age 0 to 17 years, admitted for asthma*

*International Classification of Diseases, Ninth Revision (ICD-9) code of 493.xx

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Pediatric patients, age 0 to 17 years, admitted for asthma*

Exclusions

Patients aged greater than 17 years

DENOMINATOR (INDEX) EVENT

Clinical Condition Institutionalization

DENOMINATOR TIME WINDOW

Time window follows index event

NUMERATOR INCLUSIONS/EXCLUSIONS

^{*}International Classification of Diseases, Ninth Revision (ICD-9) code of 493.xx

Inclusions

Number of patients from the denominator who received systemic corticosteroid medications (Refer to the original measure documentation for additional details.)

Exclusions Unspecified

NUMERATOR TIME WINDOW

Institutionalization

DATA SOURCE

Administrative data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

Data are stratified by the American Academy of Pediatrics (AAP) age groups: 0 to 2 years, 3 to 5 years, and 6 to 17 years.

For this measure, data are stratified by some or all of these elements including age parameters, days of stay, and specific conditions defined through the all-patient refined diagnosis-related group (APR-DRG) system or specific International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes.

This measure may also be stratified by payor type, race, or ethnicity.

STANDARD OF COMPARISON

External comparison at a point in time Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Use of asthma medications for inpatient asthma patients by AAP age groups: use of systemic corticosteroids.

MEASURE COLLECTION

Pediatric Health Information System Measures

DEVELOPER

Child Health Corporation of America

ENDORSER

National Quality Forum

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 May

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Child Health Corporation of America. [Web site]. Shawnee Mission (KS): Child Health Corporation of America (CHCA); [cited 2004 Dec 06]. [various].

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MEASURE AVAILABILITY

The individual measure, "Use of asthma medications for inpatient asthma patients by AAP age groups: Use of Systemic Corticosteroids," is available from the Child Health Corporation of America (CHCA) Web site.

For more information, contact Child Health Corporation of America (CHCA) at, 6803 West 64th Street, Suite 208, Shawnee Mission, KS 66202; phone: 913-262-1436; fax: 913-262-1575; Web site: www.chca.com.

NQMC STATUS

This NQMC summary was completed by ECRI on September 13, 2004. The information was verified by the measure developer on December 3, 2004.

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